UNITED STATES PATENT & TRADEMARK OFFICE Vashington, D.C. 20231

REQUEST FOR PATENT FE	E REFUN	ID . 10/5	20/13
1 Date of Request: 2 Seri	al/Pat		
3 Please refund the following fee(s):	4 PAPE NUME		6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$
	7 TOTAL AMOUNT OF REFUND \$		
	8 TO	BE REFUNDED I	BY:
10 REASON:	Treasury Check		
Overpayment		Credit Dep	osit A/C #:
Duplicate Payment	9		
No Fee Due (Explanation):			
	,		
11 REFUND REQUESTED BY:		±π. = ± . · .	
TYPED/PRINTED NAME:		TITLE:	772172032 OKINGELI
SIGNATURE:		EHOLES SHAJAKK	/21/2005 PKIDWELL) 00000080 082623 10526 PSO.AA CR
OFFICE: ************************************		_	
APPROVED:	DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B